

Applicant: *Union Mutual*
Address: *2211 Congress St.*
Assessors No.: *charts 211 + 210*

Date: *Dec 26, 1981*

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - *B-1 Zone*

Interior or corner lot -

40 ft. setback - *a (Section 21) - NA*

Use - *Data Processing Center*

Sewage Disposal *Private system*

Rear Yards - *O.K.*

Side Yards - *O.K.*

Front Yards - *O.K.*

Projections - *O.K.*

Height - *2 story*

Lot Area - *70 Acres approx. (Recently bought acreage from Trimbham)*

Building Area - *120' x 160' = 19,200 sq ft*

Area per Family - *NA.*

Width of Lot - *O.K.*

Lot Frontage *adequate*

Off-street Parking - *O.K. 10 car spaces*

Loading Bays - *NA.*

Site Plan -

Shoreland Zoning -

Flood Plains -



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

001354

DEC 30 1981

ZONING LOCATION B-1

PORTLAND, MAINE, Dec. 14, 1981

CITY OF PORTLAND

To the DIRECTOR OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ... 221-1 Congress St. ... Fire District #1 [] #2 []
1. Owner's name and address Union Mutual Life Ins. Co. ... Telephone 780-2211
2. Lessee's name and address David Bisson ... Telephone 780-2337
3. Contractor's name and address Davison Const. Co., Inc. ... Telephone 780-2457
4. Architect Symmes, Mainé & McKee ... Specifications ... Plans ... No. of sheets 603-669-3456
Proposed use of building New Bldg. for Data Processing Center ... No. families ...
Last use ... No. families ...
Material ... No. stories ... Heat ... Style of roof ... Roofing ...
Other buildings on same lot ...
Estimated contractual cost \$4,100,000. Fee \$19,425.00

FIELD INSPECTOR - Ms. SchmuckaL GENERAL DESCRIPTION

This application is for: @ 775-5451 Ext. 234 To construct new building for data processing center, as per plans, 3 floors, 120' x 160'. Foundation applied for and issued on separate permit.

Alterations ... Life Safety Code -> 10 Sec. delay -> 5-9-12
Demolitions ...
Change of Use ... NATIONAL Elec. Code -> 10 Sec. delay -> 700-6B
Other ...

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

PERMIT IS TO BE ISSUED TO 1 [] 2 [] 3 [] 4 []
Other: phase I

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... yes ... Is any electrical work involved in this work? ... yes ...
Is connection to be made to public sewer? ... no ... If not, what is proposed for sewage? Leaching field ...
Has septic tank notice been sent? ... no ... Form notice sent? ... no ...
Height average grade to top of plate ... Height average grade to highest point of roof ...
Size, front ... depth ... No. stories ... solid or fill-in land? ... earth or rock? ...
Material of foundation ... Thickness, top ... bottom ... cellar ...
Kind of roof ... Rise per foot ... Roof covering ...
No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...
Framing Lumber—Kind ... Dressed or full size? ... Corner posts ... Sills ...
Size Girder ... Columns under girders ... Size ... Max. on centers ...
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor ... 2nd ... 3rd ... roof ...
On centers: 1st floor ... 2nd ... 3rd ... roof ...
Maximum span: 1st floor ... 2nd ... 3rd ... roof ...
If one story building with masonry walls, thickness of walls? ... height?

IF A GARAGE

No. cars now accommodated on same lot ... , to be accommodated ... number commercial cars to be accommodated ...
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ...

APPROVALS BY:

BUILDING INSPECTION - PLAN EXAMINER ... DATE ...
ZONING: G.A.K. ...
BUILDING CODE: James P. Collins ...
Fire Dept. ...
Health Dept. ...
Others: ...

MISCELLANEOUS

Will work require disturbing of any tree on a public street? ... no
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ... yes ...

Signature of Applicant ... Denis Beique ... Phone # ...

Type Name of above ... Denis Beique ... 1 [] 2 [] 3 [] 4 []

FIELD INSPECTOR'S COPY

(3) Ms SchmuckaL

NOTES

see separate permit for foundation work

1-27-82 getting ready for steel work
-> comments on foundation permit
3-12-82 compaction & back fill
getting good compaction reports from miller eng.
3-22-82 same - back filling & compaction
4-13-82 started pouring on the 1st floor slab - will be pouring ARO DAG
4-23-82 Second floor

Already down couple days ago & completed
5-7-82 work on main building working on side panels -> just hung in place
5-14-82 making pretty fast on interior work - no windows yet

5-20-82 As they are sheet piling they are first stopping around pipes - The compaction room has sheet rock around raised outside perimeter

6-3-82 Most of duct work for hvac is in place - spin halon system piping in place
6-8-82 windows in place - A few exits signs, some stair tower doors in place

6-10-82 met in Jason

6-28-82 Most of ceiling being dropped
6-30-82 still working hard to get their dead line for temp CO -
7-11-82 profinal insp with all u.m. & DAVIDSON
Again went over req. before w issue temp CO - The eng. general is going to be ready - however there will be 2 sources of power in exit stair wells (one from other bldg - perm lights - & 1 string of temp lights from a Congress St Camp Pile -> bro checked with Libby) - Well fit temp asbestos panels in fire door - all glass ANCHORS - All doors to be in place - Exit paths closed
7-14-82 final check work

Permit No. 81/1954
Location 8211 Congress St.
Owner General Mutual
Date of permit 12-14-81
Approved 12-30-81 New York

Phase I [Continued Notes] ①

8-13-82 - Working on computer Area - carpeting office area - some work on New alarm system -

HAS unit in the 2nd Floor Auditor Room

9-2-82 Met with Jason MAGILL & Austin Boohey & David Bisson for a pre-final insp. The Alarm, halon & Sprinkler Systems in the computer rooms are completed & tested. I requested the copy of testing. The rest of the building is not completely hooked up -> it should be tomorrow. Needs to find stop around basement pipes & put closers on doors to hall ways. The emergency generator is not completely working. It is diesel fueled and a storage of 2,000 gal (over this running per code). This is really a third backup. The 1st emergency system is a special switch over with in central main power. There are special circuit breakers on that. I'm trying to get in touch of Fred Mathews with CMP (772-7411) to get a confirmation of this. Plumbg insp. gave his OK for a final - Mr Libby is on vacation at this time, but is aware of the job situation. Lt. Collins has not yet gone to the location, but has a list of U.M.'s timetables for completion. The landscaping will not be completed at this time, only lawn & seeding will be completed. As long as the Phase II addition is being worked on, they will hold back on final landscaping - - -

9-3-82 Spoke with Fred Mathews & he confirmed the 2 independent power sources. Still needs the emerg. gen. In case of fire the all power (both in this case) is usually cut immediately.

Continued Notes
Phase I

(2)

(1302 cont.) Will be a test on Sept 7th for the emerg. gen.
They have fire stopped in basement & put on closers -
DAVID BISSON ALSO gave me A report on the fire alarm
testing. I'm still waiting for the sprinkler test results
They started moving in eq. from the other bldg. in
9-8-82 Spoke to David Bisson & still there is no sprinkler
reports - still trying to set up an emerg. gen. test.
9-13-82 Setting forms for phase II - gen. test
was to have taken place on Sunday the 12th - I'm
still trying to get a copy of test results
9-14-82 I have a copy of the emergency generator
tests & am satisfied to issue the perm. occ.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 2211 Congress Street

Issued to Union Mutual Life Ins. Co.

Date of Issue July 15, 1982

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 81/1354, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Data Processing Center - Phase I

APPROVED OCCUPANCY

Computer work and
Construction completion

Limiting Conditions:

TEMPORARY OCCUPANCY ONLY
Good for 60 days

This certificate supersedes
certificate issued

Approved:

7-15-82
(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

November 12, 1982

Perkin's Propan Gas Co.
Route #11
Shapleigh, Maine 04060

Dear Sir,

Your application to set (2) two 1,000 gal propane gas tanks to be used for temporary heat, until April 30, 1983 at 2211 Congress Street, Union Mutual Life Insurance Co. is being issued with one requirement.

1. A plan will be submitted to this office not later than November 17, 1982 showing location of these tanks and information on type of heaters being used.

If you have any questions on this requirement feel free to call this office.

Sincerely,

P. Samuel Hoffses,
Chief of Inspection
Services Division

PSH:ln

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 01022
ZONING LOCATION PORTLAND, MAINE Nov. 10, 1982

NOV 12 1982

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 2211. Congress St. Fire District #1 [] #2 []
1. Owner's name and address Union Mutual Life Ins. Co. Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address Perkins Propane Gas Co -Rte # 11 No. 207-793-2269
Shapleigh, Me. 04060 No. of sheets
Proposed use of building Insurance Co. new construction No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$
Appeal Fees \$
Base Fee 50.00
Late Fee
TOTAL \$ 50.00
FIELD INSPECTOR-Mr. @ 775-5451

To set 2 -1,000 gal. propane gas tanks to be used for temporary heat, until April 30, 1983

Stamp of Special Conditions

send permit to # 3

PERMIT ISSUED

WITH LETTER

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repair cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION-PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
Fire Dept.:
Health Dept.:
Others:

Signature of Applicant John R. Perkins Phone # same
Type Name of above John R. Perkins for Perkins Propane Gas Co. Other
and Address

PERMIT ISSUED WITH LETTER

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

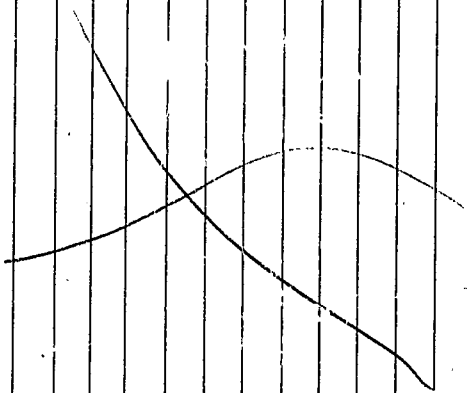
OFFICE FILE COPY

(3) M. J. Schmittckal

Permit No. 82/1022 Phase II
Location 2211 Congress St.
Owner Virginia Mutual Life
Date of permit 11-10-82
Approved 11-12-82
Dwelling _____
Garage _____
Alteration 2 propane gas tanks

NOTES

not started



Applicant: UNION MUTUAL INS. CO. Date: 6/1

Address: 2029 - 2017 CONG. ST.

Assessors No.: 231-B-2, 3, 4 + 215-B-2, 4, 6

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - B-1

Interior or corner lot -

~~40-ft. setback area (Section 21)~~ -

Use - 18,000 sq ft

Sewage Disposal

Rear Yards -

Side Yards -

Front Yards -

Projections -

600 sq ft
Height - 50' - 3'

Lot Area -

Building Area -

Area per Family -

Width of Lot -

Lot Frontage

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROU. 001071

B.O.C.A. TYPE OF CONSTRUCTION

OCT 9 1981

ZONING LOCATION _____ PORTLAND, MAINE, June 16, 1981

CITY OF PORTLAND

To the DIRECTOR OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 2211 Congress Street Fire District #1 , #2 JASON MAGILL

1. Owner's name and address Union Mutual Life Ins. Co. same Telephone 799-2457

2. Lessee's name and address DANIA BISSON Telephone 80-2337

3. Contractor's name and address Dayson Constr., Manchester, N. H. Telephone

4. Architect Specifications Plans No. of sheets

Proposed use of building computer center No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 215,000 Fee \$ 1,085.00

FIELD INSPECTOR—MR. BOH. MACKAL GENERAL DESCRIPTION 25.00
 C/O JASON MAGILL appeal fee

This application is for: @ 775-5451 SEND PERMIT U. MUTUAL
 Dwelling Ext. 234 To construct foundation only, 18,000
 Garage square feet, building to be 50 ft.
 Masonry Bldg. in height.

Metal Bldg. Stamp of Special Conditions
 Alterations Appeal sustained 7-16-81
 Demolitions
 Change of Use
 Other

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

PERMIT IS TO BE ISSUED TO 1 2 3 4
Other:

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
 Is connection to be made to public sewer? If not, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plate Height average grade to highest point of roof
 Size, front depth No. stories solid or filled land? earth or rock?
 Material of foundation Thickness, top bottom cellar
 Kind of roof Rise per foot Roof covering
 No. of chimneys Material of chimneys of lining Kind of heat fuel
 Framing Lumber—Kind Dressed or full size? Corner posts Sills
 Size Girder Columns under girders Size Max. on centers
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor 2nd 3rd roof
 On centers: 1st floor 2nd 3rd roof
 Maximum span: 1st floor 2nd 3rd roof
 If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot ..., to be accommodated ... number commercial cars to be accommodated ...
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? ..

ZONING: OK Mackal 10/11/81

BUILDING CODE: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Fire Dept.:
 Health Dept.:
 Other:

Signature of Applicant Jason Magill Phone # same
 Type Name of above Jason Magill 1 2 3 4
 Bldg. Mgr. Union Mutual Other
 and Address

FIELD INSPECTOR'S COPY

Handwritten initials in circles: (B) (B)

Division Chief's Office 775-02-03 → Dennis Berque (B.K.)

NOTES

10-9-81 met contractor - notified them to be sure to protect the lamp lines (on his part)

10-16-81 HAS checked out the areas. No REAL excavation or form work yet.

10-21-81 Started excavations - forms up yet - doing a lot of clearing and testing (compaction tests)

11-24-81 Forming started - has been a canvas for cold weather protection - pump out clear water (and by now)

12-7-81 talked to Super about being sure permit for the east of bldg - is doing a good job detecting ground lines & RECORDS

12-14-81 Concrete work continuing

12-18-81 Still working on concrete - haven't set rebar yet

1-8-82 - started receiving some of the back concrete rebar - appear to be pretty complete

1-22-82 Still working on concrete

1-24-82 rebar - pouring of steel - some rebar started

2-8-82 rebar steel - holding work

3-5-82 - have done the deck work - appear to

Permit No. 81/1071

Location 221/ Campbell St

Owner Panzer Mechanical etc

Date of permit 6-16-81

Approved 10-9-81 Dennis Berque

1-11-82

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 2211 Congress Street

Issued to Union Mutual Life Ins. Co.

Date of Issue August 30, 1983

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 82-951, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire - Phase II

Offices

Limiting Conditions:

LANDSCAPING MUST BE COMPLETED
RIP RAP FOR DETENTION BASIN MUST
BE INSTALLED

This certificate supersedes
certificate issued

Approved:

8-30-83
(Date)

Mary Schmickel
Inspector

*Richard K...
Mark H. ...
Inspector of Buildings*

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 00951
ZONING LOCATION B-1 PORTLAND, MAINE Oct 20, 1982

OCT 26 1982

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 2211 Congress St.
1. Owner's name and address Union Mutual Life Ins. Fire District #1 [] #2 [] Telephone 780-2457
2. Lessee's name and address Telephone
3. Contractor's name and address Davison Constr.-Manchester, N. H. Telephone 775-0263
Proposed use of building computer center No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 7,500,000

FIELD INSPECTOR-Mr. @ 775-5451
Appraisal Fee 20-82
Base Fee 25,000
Late Fee 34,795
TOTAL \$ 1,630.00
Stamp of Special Conditions

To construct 31,900 sq ft. building
to be used for computer center as per plans
plans are on file in office.

I WAS told this was Phase II -
not the computer center side

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

PERMIT ISSUED

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber-Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor, 2nd, 3rd, roof
On centers: 1st floor, 2nd, 3rd, roof
Maximum span: 1st floor, 2nd, 3rd, roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION-PLAN EXAMINER
ZONING: [Signature] 10/20/82
BUILDING CODE: [Signature]
Fire Dept: [Signature]
Health Dept:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant David Knowlton Phone # same
Type Name of above David Knowlton for 1 [] 2 [] 3 [] 4 []
Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY ISS OFFICE FILE COPY

WITH LETTER

NOTES

10-26-82 Just started placing
Steel - Also placing more concrete
with plumber insp → underground
plumbing ready to be covered -
checked out the troxlar moisture
gauge -

11-1-82 more underground plumbing ready
to be covered - finished pouring the
foot wall around - insulation & back
filled - more steel on end connecting
with phase 2 bldg - just starting
to get floor trusses up -

11-10-82 - Most of steel
is in place - preparing
floor for concrete pour -

11-16-82 More steel on
the rear end of bldg going
up - still compacting of
floors being done -

12-10-82 work progress
quickly -

1-13-83 Most of floors done -
Some stairway work -
on plumbing also - Needs to fix
some leaks on water test

1-26-83 Plumber insp -
getting ready for some window
work to close in

2-14-83 Working in kitchen area
closing in top floor floor over them -

2-28-83 working on top stairway
still all concrete block

3-14-83 Starting sheet piling -
will have hold backs on exterior

Permit No. 82/951711

Location 2211 Longview St.

Owner ~~James~~ Patrick & wife

Date of permit 10-21-82

Approved 10-25-82

Dwelling ~~Garage~~ Dwelling

Garage ~~Garage~~ Dwelling

Alteration No.

Symmes
Maini &
McKee
Associates, Inc.

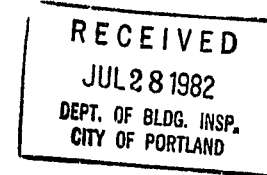
ARCHITECTS • ENGINEERS • PLANNERS

1050 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02138

(617) 547-5400

Phase II

July 27, 1982



Mr. P. Samuel Hoffses
Chief of Inspection Services
Department of Urban Development
Portland City Hall, Room 317
389 Congress Street
Portland, Maine 04101

RE: PROPOSED UNION MUTUAL PHASE II OFFICE BUILDING
2211 CONGRESS STREET, PORTLAND, MAINE
SMMA #81079

Dear Mr. Hoffses:

We are submitting for your review a 95% progress set of site and building plans. We would very much appreciate your comments within the next week, if possible, in order to incorporate them into the bid set of construction documents.

Very truly yours,

SYMMES, MAINI & MCKEE ASSOCIATES, INC.

Sidney C. Graves

Sidney C. Graves
Project Manager

cc: Jason M. Magill - Union Mutual

Enclosures: Drawings L2, A1-A7, A-9

PRINCIPALS: PARKER SYMMES P1, WILLIAM MAINI P1, JON MCKEE A1A, RICHARD MITLIN A1A, EDWIN A. WATKEY P1, LLOYD THOMPSON
SENIOR ASSOCIATES: HANS BLIER P1, ROYALD C. BOSLIEFC S1, ANDREW CURRIE P1, MARIO LOBAGNO P1, THOMAS F. VOGEL A1A
ASSOCIATES: WILLIAM E. CORMAN P1, JOHN J. CARADY, IIBODORI A. COLLA, JAMES N. POLANO, MICHAEL K. POWERS P1
REGISTERED CONSULTANT: PROF. RICHARD SAVAGE P1

PHASE II

December 7, 1981

Union Mutual
2211 Congress St.
Portland, Maine

As per my conversation of Dec. 7, 1981 with Karen Bittenbender on the issuance of a building permit for Union Mutual (Data Processing Center) a building permit has been issued for the foundation of this building and Lt. Collins and myself have met with the architects a number of times on the main structure.

A building permit can and will be issued after final plans have been submitted and reviewed for code compliances have been met.

Sincerely,

P. S. Hoffses
Chief of Inspection Services

PSH:k



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

Phase II

November 2, 1982

Sidney C. Grover
Symmes Maini & McKee Assoc. Inc.
1050 Mass. Avenue
Cambridge, Mass. 02138

RE: Union Mutual Life Insurance Corp, SMM #81079 New Office Building;
2211 Congress Street, Portland, Maine Variance Request for Stairs.

Dear Sir;

Your request for a variance on the above reference is granted. Please
find enclosed a copy of your waiver.

If this Division can be of future help please call.

Sincerely,

P. Samuel Hoffses,
Chief of Inspection Services

ENCLOSURES:

PSH/lm

Phase II

Waiver of Requirement at Union Mutual

State of Facts

On October 25, 1982, the Inspection Division received a written request from Symer Maini and McKee Associates, Inc. requesting a waiver for 2211 Congress Street, Portland, Maine, Union Mutual Life Insurance Company.

The request is a waiver of Article 8 Section 816.4 & 816.4.1 Table 816 (Interior Exit Stairways) vertical riser and tread.

Section 816.4 of the 1981 BOCA Basic Building Code reads as follows. Treads and risers of interior exit stairways shall comply with Section 816.4.1. which reads: The height of risers and width of treads, in inches shall be as indicated in the following table 816. Max. riser 7 inches minimum tread 11.

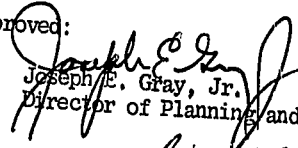
Section 124.1 (Waivers): of the 1981 BOCA Basic Building Code reads as follows: The building official may recommend a waiver of any of the provisions of this code upon applications in writing by the owner or lessee, or his duly authorized agent, when there are practical difficulties in the way of carrying out the strict letter of this code which create an undue hardship, provided such waiver is not inconsistent with the purpose of this code. The recommendation and the reasons therefor shall be entered upon the records of the department and a copy signed by the building official shall be furnished the applicant and the Municipal Official. Such waiver shall become effective fifteen (15) days from and after the date of the recommendations unless a majority of the Municipal Officers shall file with the building official within said time written objection to the granting of such waiver.

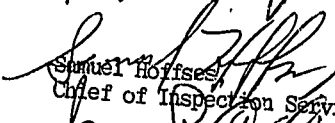
Conclusion:

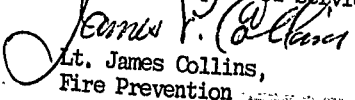
Whereas, the (7") seven inch riser requirement would be impractical in the layout as proposed and the spirit of the code is being met with the required means of egress with public safety secured. This division hereby grants this waiver.

This waiver becomes effective on November 16, 1982.

Approved:


Joseph E. Gray, Jr.
Director of Planning and Urban Dev


Samuel Hoffses
Chief of Inspection Services Div.


James V. Collins
Lt. James Collins,
Fire Prevention

Symmes
Maini &
McKee
Associates, Inc.

ARCHITECTS • ENGINEERS • PLANNERS

Phase II

1050 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02138

(617) 547-3400

October 25, 1982

Mr. P. Samuel Hoffses
Chief of Inspection Services
Department of Planning and Urban Development
City of Portland
Portland, Maine 04101

RE: UNION MUTUAL LIFE INSURANCE COMPANY SMM #81079
New Office Building, 2211 Congress Street, Portland
Variance Request for Stairs

Dear Mr. Hoffses:

Regarding the subject project, we are writing to request a variance to Section 816.4.1, Table 816, of the 1981 BOCA Code for tread and riser requirements for egress stairs.

The design of the building was accomplished in early 1982 while the 1978 BOCA Code was still in effect, and all stairs were designed in compliance with Section 616.4.1, Table 616, of that Code. We respectfully request that the stairs continue to be permitted per the 1978 Code.

If there are questions regarding this request, we would be pleased to discuss them with you.

Very truly yours,

SYMMES, MAINI & MCKEE ASSOCIATES, INC.

Sidney C. Graves

Sidney C. Graves
Project Manager

cc: Jason M. Magill, Union Mutual
Stanford E. Clock, Davison Construction Co.
JMCK, CPU, (MF08)

PRINCIPALS: PARKER SYMMES P.E. WILLIAM L. MAINI P.E. JOY MCKEE AIA RICHARD L. MULLIN AIA EDWIN A. WALKER P.E. LLOYD I. THOMPSON
SENIOR ASSOCIATES: HANS BEER P.E. REYNOLD C. BOSELLI C.S.I. ANDREW CURRIE P.E. MARIO J. LOIACONO P.E. THOMAS E. VOGEL A.I.A.
ASSOCIATES: WILLIAM E. CORNIA P.E. JOHN F. CARADOPY THEODORE A. COCCA JAMES N. POLANO MICHAEL K. POWERS P.E.
STRUCTURAL CONSULTANT: PROF. RICHARD SAVAGE P.E.

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP 00634

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE .. Aug. 5, 1982.

CITY OF PORTLAND

1981 5 914

PERMIT ISSUED

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any submitted herewith and the following specifications:

LOCATION 2211 Congress Street PHASE II Fire District #1 , #2

1. Owner's name and address Union Mutual Life Ins. Co. - same Telephone

2. Lessee's name and address Telephone: 03105

3. Contractor's name and address Davison Const. Co., Inc. - 1306A Elm St., Telephone 775-0263

..... No. of sheets

Proposed use of building Insurance Bldg. No. families

Last use new bldg. No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 541,000 Appeal Fees \$

FIELD INSPECTOR - Ms. Schmuckel Base Fee

@ 775-5451 Late Fee

To install foundation only, 35,000 sq. ft., as per plan. TOTAL \$ 2,715.00

Stamp of Special Conditions

(ISSUE PERMIT TO #1)

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public street? no ..
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ... YES ..

Signature of Applicant David Knowlton Phone # same

Type Name of above David Knowlton for Davison Const. 1 2 3 4
Other
and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

Ms Schmuckel

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION
ZONING LOCATION B-1 PORTLAND, MAINE Feb. 23, 1982

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 2211 Congress St. Fire District #1 #2
1. Owner's name and address Union Mutual Life Ins. Co. same Telephone 780-2457
2. Lessee's name and address Telephone
3. Contractor's name and address Telephone

Proposed use of building Office Bldg. No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing

Estimated construction cost \$ 50,000. Appeal Fees \$ 25.
FIELD INSPECTOR—Mr. [Signature] @ 775-5451 Base Fee
Late Fee
TOTAL \$ 260.

To construct foundation only for office bldg
43,818 sq. ft. for a bldg. 50 ft. high
not allowed in B-1 Zone where height is limited to
3 stories or 35 ft.

Stamp of Special Conditions

Appeal sustained 3-11-82

This application is preliminary to an order of the Chief of Building Inspection. In the event the

NOTE TO APPLICANT: Separate permits are required by the installer and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

MISCELLANEOUS

APPROVALS BY: DATE
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING: O.K. H. J. T.
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept.: to see that the State and City requirements pertaining thereto
Health Dept.: are observed? Yes
Others:

Signature of Applicant [Signature] Phone # 780-2457
Type Name of above Jason M. Magill for Union Mutual Life Ins. Co.
Other
and Address

FIELD-INSPECTOR'S COPY. APPLICANT'S COPY OFFICE FILE COPY

Permit No. 2211 Congress St.

Location PHASE II

Owner _____

Date of permit _____

Approved _____

Dwelling _____

Garage _____

Alter: tion) _____

NOTES

8-13-83 started The Phase II
Addition - poured part of
working wall near loading dock

Blank lined area for notes or drawings.

Blank lined area for notes or drawings.

**CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
PART "A" GENERAL**

PROCEDURE UPON COMPLETION OF WORK, INSPECTION AND TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHALL BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB. A CERTIFICATE SHALL BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING AUTHORITIES, OWNERS, AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.	
PROPERTY NAME	UNION MUTUAL PHASE II
PROPERTY ADDRESS	CONGRESS ST., PORTLAND, MAINE
	2-1802
	DATE 7-11-85
PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES INSURANCE SERVICES OFFICE OF MAINE
	ADDRESS 465 CONGRESS ST., PORTLAND, MAINE 04101
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT IF YES, GIVE NAME IF NO, EXPLAIN
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? IF YES, GIVE NAME IF NO, EXPLAIN
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
TEST DESCRIPTION	<p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm for 4-inch pipe and smaller, 750 gpm for 6-inch pipe, 1000 gpm for 8-inch pipe, 1500 gpm for 10-inch pipe, and 2000 gpm for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi for 2 hours or 50 psi above static pressure if excess of 150 psi. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>New pipe laid with caulked lead or lead-substitute joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" shall be repaired. Leakage shall not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage shall be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>PNEUMATIC: Establish 40 psi air pressure and measure drop which shall not exceed 1 1/2 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/2 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/2 psi in 24 hours.</p>
LOCATION	PART "B" - UNDERGROUND PIPING
	FEEDS BLDGS. BY OTHERS
UNDERGROUND PIPES AND JOINTS	PIPE TYPE AND CLASS
	TYPE JOINT
	CONFORMS TO _____ STANDARD IF NO, EXPLAIN
	YES <input type="checkbox"/> NO <input type="checkbox"/>
	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN
	YES <input type="checkbox"/> NO <input type="checkbox"/>
TESTS REQUIRED	FLUSHING HYDROSTATIC LEAKAGE
FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)
	YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING? _____ FIRE PUMP <input type="checkbox"/>
	LEAD-INS FLUSHED ACCORDING TO _____ BY (COMPANY)
	YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING? _____ FIRE PUMP <input type="checkbox"/>
	YES <input type="checkbox"/>
	OPEN PIPE <input type="checkbox"/>

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS	
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS	
	ALLOWABLE LEAKAGE _____ GALS. _____ HOURS	
HYDRANTS	NUMBER INSTALLED _____ TYPE AND MAKE _____	
	ALL OPERATE SATISFACTORILY YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON YES <input type="checkbox"/> NO <input type="checkbox"/>	
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS	DATE LEFT IN SERVICE _____	
	NAME OF SPRINKLER CONTRACTOR _____ FOR PROPERTY OWNER (SIGNED) _____ TITLE _____	
PARTS A & B SIGNATURES	FOR SPRINKLER CONTRACTOR (SIGNED) _____ DATE _____	
	TESTS WITNESSED BY _____ TITLE _____ DATE _____	
PART "C" - SPRINKLER & WATER SPRAY ABOVEGROUND PIPING (Fill out separate Part "C" for each rise.)		
LOCATION	SERVES BLDGS. <u>GROUND FLOOR</u>	
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT 4 DRAIN TEST	
SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL
	<u>Automatic Spr.</u>	<u>PEND</u>
PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO _____ STANDARD	
	IF NONE, EXPLAIN _____	
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE	
	TYPE <u>WET</u>	MODEL <u>Automatic 350</u>
DRY PIPE VALVES	MAKE	MODEL
	SERIAL NO.	TIME TO TRIP
	MIN. SEC.	MIN. SEC.
	MIN. SEC.	MIN. SEC.
DELUGE & PREACTION VALVES	OPERATION PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>	
	PIPING SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/> DETECTING MEDIA SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>	
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/>	
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HOURS	
	DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATE PROPERLY IF NO, STATE REASON _____	
BLANK TESTING GASKETS	NUMBER USED <u>NONE</u> LOCATIONS _____	NUMBER REMOVED _____
WELDED OR BRAZED PIPING	IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR WELDING OR BRAZING IN ACCORDANCE WITH THE REQUIREMENTS OF ASME BOILER AND PRESSURE VESSEL CODE, SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS - 1988 EDITION. YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN _____	
PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>"AUTOMATIC" SPRINKLER CORP. OF AMERICA</u> FOR PROPERTY OWNER (SIGNED) <u>Victor L. Bentley</u> TITLE _____	
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>Ron Carr</u> TESTS WITNESSED BY <u>Charles E. D... ..</u> TITLE <u>ST. P.F.D.</u> DATE <u>4/11/83</u>	

**CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
PART "A" GENERAL**

PROCEDURE UPON COMPLETION OF WORK, INSPECTION AND TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHALL BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB. A CERTIFICATE SHALL BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING AUTHORITIES, OWNERS, AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.	
PROPERTY NAME	UNION MUTUAL PHASE II
PROPERTY ADDRESS	CONGRESS ST., PORTLAND, MAINE
DATE	2-1802 4-11-83
PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES INSURANCE SERVICES OFFICE OF MAINE
	ADDRESS 465 CONGRESS ST., PORTLAND, MAINE 04101
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
INSTRUC- TIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF YES, GIVE NAME IF NO, EXPLAIN
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO, EXPLAIN
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? IF YES, GIVE NAME IF NO, EXPLAIN
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO, EXPLAIN
TEST DESCRIP- TION	<p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm for 4-inch pipe and smaller, 750 gpm for 6-inch pipe, 1000 gpm for 8-inch pipe, 1500 gpm for 10-inch pipe, and 2000 gpm for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi for 2 hours or 50 psi above static pressure in excess of 150 psi. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All above-ground piping leakage shall be stopped.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour per 100 joints irrespective of pipe diameter. The and necessary repairs made.</p> <p>New pipe laid with caulked lead or lead-substitute joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" shall be repaired. Leakage shall not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage shall be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>PNEUMATIC: Establish 40 psi air pressure and measure drop which shall not exceed 1 1/2 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/2 psi in 24 hours.</p>
PART "B" - UNDERGROUND PIPING	
LOCATION	FEEDS BLDGS. BY OTHERS
UNDER- GROUND PIPES AND JOINTS	PIPE TYPE AND CLASS
	TYPE JOINT
	CONFORMS TO _____ STANDARD IF NO, EXPLAIN
	YES <input type="checkbox"/> NO <input type="checkbox"/>
	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN
	YES <input type="checkbox"/> NO <input type="checkbox"/>
TESTS REQUIRED	FLUSHING - HYDROSTATIC - LEAKAGE
FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)
	YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING? HYD. BUTT. <input type="checkbox"/> OPEN PIPE <input type="checkbox"/>
	LEAD LINES FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)
	YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING? Y CONN. TO FLANGE & SPIGOT <input type="checkbox"/> OPEN PIPE <input type="checkbox"/>

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS	
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS.	FOR _____ HOURS
	ALLOWABLE LEAKAGE _____ GALS.	_____ HOURS
HYDRANTS	NUMBER INSTALLED _____	TYPE AND MAKE _____ HOURS
	ALL OPERATE SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON	YES <input type="checkbox"/> NO <input type="checkbox"/>
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
REMARKS	DATE LEFT IN SERVICE _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
PARTS A & B SIGNATURES	NAME OF SPRINKLER CONTRACTOR _____	FOR PROPERTY OWNER (SIGNED) _____ TITLE _____
	FOR SPRINKLER CONTRACTOR (SIGNED) _____	_____ TITLE _____
	TESTS WITNESSED BY _____	DATE _____
PART "C" - SPRINKLER & WATER SPRAY ABOVEGROUND PIPING (Fill out separate Part "C" for each riser)		
LOCATION	SERVES BLDGS. <u>1st. FLOOR</u>	
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT 4 DRAIN TEST	
SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL
	<u>Automatic Spr</u>	<u>PEND</u>
PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO <u>NFPA</u> STANDARD	IF NONE, EXPLAIN _____
	ALARM VALVE OR FLOW INDICATOR	
ALARM VALVE OR FLOW INDICATOR	TYPE	MAKE
	<u>WET</u>	<u>Automatic Spr</u>
DRY PIPE VALVES	OPERATING TEST RESULTS	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE
	TIME TO TRIP THROUGH TEST PIPE	MIN. SEC.
DELUGE & PREACTION VALVES	OPERATION	DETECTING MEDIA SUPERVISED
	PIPING SUPERVISED PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HOURS	YES <input type="checkbox"/> NO <input type="checkbox"/>
	DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATE PROPERLY IF NO, STATE REASON	YES <input type="checkbox"/> NO <input type="checkbox"/>
BLANK TESTING GASKETS	NUMBER USED <u>NONE</u>	LOCATIONS _____
	WELDED OR BRAZED PIPING	NUMBER REMOVED _____
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN	YES <input type="checkbox"/> NO <input type="checkbox"/>
	PART "C" SIGNATURES NAME OF SPRINKLER CONTRACTOR <u>"AUTOMATIC" SPRINKLER CORP. OF AMERICA</u> FOR PROPERTY OWNER (SIGNED) <u>Justin H. Baathley</u> TITLE _____ FOR SPRINKLER CONTRACTOR (SIGNED) <u>Ron Carson</u> TESTS WITNESSED BY <u>Charles E. ...</u> TITLE <u>ST. PORTLAND FIRE DEPT</u> DATE <u>11-83</u>	

**CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
PART "A" GENERAL**

PROCEDURE UPON COMPLETION OF WORK, INSPECTION AND TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHALL BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB. A CERTIFICATE SHALL BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING AUTHORITIES, OWNERS, AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.	
PROPERTY NAME UNION MUTUAL PHASE II	
PROPERTY ADDRESS CONGRESS ST., PORTLAND, MAINE	2-1802 DATE 9-11-83
PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES INSURANCE SERVICES OFFICE OF MAINE
	ADDRESS 465 CONGRESS ST., PORTLAND, MAINE 04101
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF YES, GIVE NAME..... IF NO, EXPLAIN..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? IF YES, GIVE NAME..... IF NO, EXPLAIN..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
TEST DESCRIPTION	<p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm for 4-inch pipe and smaller, 750 gpm for 6-inch pipe, 1000 gpm for 8-inch pipe, 1500 gpm for 10-inch pipe, and 2000 gpm for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi for 2 hours or 50 psi above static pressure in excess of 150 psi. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>New pipe laid with caulked lead or lead-substitute joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" shall be repaired. Leakage shall not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage shall be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>PNEUMATIC: Establish 40 psi air pressure and measure drop which shall not exceed 1 1/2 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/2 psi in 24 hours.</p>
PART "B" - UNDERGROUND PIPING	
LOCATION	FEEDS BLDGS. BY OTHERS
UNDERGROUND PIPES AND JOINTS	PIPE TYPE AND CLASS TYPE JOINT
	CONFORMS TO _____ STANDARD IF NO, EXPLAIN _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
TESTS REQUIRED	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
	FLUSHING HYDROSTATIC LEAKAGE
FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY) _____ YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING? HYD. BUTT. <input type="checkbox"/> OPEN PIPE <input type="checkbox"/>
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY) _____ YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING? Y CONN. TO FLANGE & SPIGOT <input type="checkbox"/> OPEN PIPE <input type="checkbox"/>

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS											
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS											
	ALLOWABLE LEAKAGE _____ GALS. _____ HOURS											
HYDRANTS	NUMBER INSTALLED _____		TYPE AND MAKE _____									
	ALL OPERATE SATISFACTORILY YES <input type="checkbox"/> NO <input type="checkbox"/>											
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON YES <input type="checkbox"/> NO <input type="checkbox"/>											
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM? YES <input type="checkbox"/> NO <input type="checkbox"/>											
REMARKS	DATE LEFT IN SERVICE _____											
PARTS A & B SIGNATURES	NAME OF SPRINKLER CONTRACTOR _____		FOR PROPERTY OWNER (SIGNED) _____ TITLE _____									
	FOR SPRINKLER CONTRACTOR (SIGNED) _____		DATE _____									
	TESTS WITNESSED BY _____		TITLE _____ DATE _____									
PART "C" - SPRINKLER & WATER SPRAY ABOVEGROUND PIPING (Fill out separate Part "C" for each riser)												
LOCATION	SERVES BLDGS. 2nd. FLOOR											
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING		3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT 4 DRAIN TEST									
SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING							
	<i>Automatic Sp</i>	<i>PEND</i>	<i>1/2</i>	<i>262</i>	<i>165</i>							
PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO <u>NFPA</u> STANDARD											
	IF NONE, EXPLAIN _____											
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE								
	TYPE	MAKE	MODEL	MIN.	SEC.							
DRY PIPE VALVES	MAKE	MODEL	SERIAL NO.	OPERATING TEST RESULTS		WATER PRESS. PSI	AIR PRESS. PSI	TRIP POINT AIR PRESS. PSI	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
				TIME TO TRIP THROUGH TEST PIPE					MIN.	SEC.	YES	NO
	WITHOUT Q.O.D.		WITH Q.O.D.									
	MIN.		SEC.		MIN.		SEC.		MIN.		SEC.	
IF NO, EXPLAIN _____												
DELUGE & PREACTION VALVES	OPERATION PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>											
	PIPING SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>						DETECTING MEDIA SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>					
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>						IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	IF NO, EXPLAIN _____						IF NO, EXPLAIN _____					
TESTS	MAKE		MODEL		Does each circuit operate supervision loss alarm?		Does each circuit operate valve release?		Maximum time to operate release			
					YES NO		YES NO		MIN. SEC.			
ALL PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS												
DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATE PROPERLY IF NO, STATE REASON YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>												
Drain Test: Reading of gage located near water supply test pipe: Static Pressure _____ Residual pressure with valve in test pipe open wide _____ psi												
BLANK TESTING GASKETS	NUMBER USED <i>NONE</i>		LOCATIONS _____			NUMBER REMOVED _____						
WELDED OR BRAZED PIPING	IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR WELDING OR BRAZING IN ACCORDANCE WITH THE REQUIREMENTS OF ASME BOILER AND PRESSURE VESSEL CODE, SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS - 1968 EDITION. YES <input type="checkbox"/> NO <input type="checkbox"/>											
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN _____											
PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR		FOR PROPERTY OWNER (SIGNED) _____ TITLE _____									
	"AUTOMATIC" SPRINKLER CORP. OF AMERICA		<i>Arthur H. Daulton</i>									
	FOR SPRINKLER CONTRACTOR (SIGNED) <i>Ron Carr</i>		DATE _____									
TESTS WITNESSED BY <i>Charles E. Johnson</i>		TITLE <i>St. P.F.D.</i>			DATE <i>7-11-83</i>							

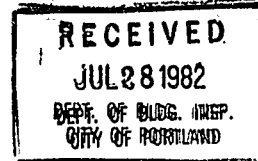
Symmes
Maini &
McKee
Associates, Inc.

ARCHITECTS • ENGINEERS • PLANNERS

1050 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02138
(617) 547-5400

July 27, 1982

Mr. P. Samuel Hoffses
Chief of Inspection Services
City of Portland
Department of Urban Development
Room 317
Portland City Hall
389 Congress Street
Portland, Maine 04101



RE: PROPOSED UNION MUTUAL PHASE II OFFICE BUILDING
2211 CONGRESS STREET, PORTLAND, MAINE
SMMA #81079

Dear Mr. Hoffses:

At our meeting on June 1, 1982 on the subject project, we determined that the first and second floor areas exceeded maximum allowable code requirements for Type 2C construction. Options discussed for correcting the situation included providing a fire wall to sub-divide the floors, changing the construction classification to 2B, or providing an 18 foot wide paved fire lane along the north side of the building. You also suggested that an application for a code variance to retain the building as designed might be considered on the basis that very ready access to both ends of the north wall is provided in the design and that the roadway bounding the southern edge of the Day Care Parking Lot is reasonably close.

Since our meeting, the length of the building has been reduced by 28 feet to give a revised gross floor area of 40,750 square feet, measured to column lines. We believe this is now within maximum area requirements dictated by Code. Our calculations indicate that a maximum allowable area would be 41,472 square feet, based on a 100% increase for sprinklering and an 80% increase due to 65% of the building perimeter accessible to fire equipment: $[(65-25) \times 2 = 80\%]$. The calculation is: $14,400 \text{ sf (Table 5)} \times 2.0 \times 1.8 \times .8 \text{ (Table 505.4)} = 41,472.$

Handwritten calculations:
41400
- 28 ft. Red.
11520
14400 sf.
25920
- 2910

PRINCIPALS: PARKER SYMMES PE WILLIAM MCKEE PE JON MCKEE AIA RICHARD I. MULLIN AIA EDWIN A. WALKER PE LLOYD F. THOMPSON
SENIOR ASSOCIATES: HANS BEER PE RICHARD C. BOSHELL CST ANDREW T. LURIE PE MARIO J. IACONO PE THOMAS I. VOGEL AIA
ASSOCIATES: WILLIAM E. BRYANT PE JOHN J. CARMODY THIODORI A. COCCA JAMES N. POLANDO MICHAEL K. POWERS PE
STRUCTURAL CONSULTANT: PROF. RICHARD SAVAGE PE

Page 2
Mr. Hoffses
City of Portland
July 27, 1982

Unless we hear from you to the contrary, we shall assume that the floor areas are acceptable as shown, and that no further design modifications are required to meet building area requirements. However, if you have further questions on this, we will be pleased to discuss them with you. If in your opinion a variance is still required, we would respectfully request that this letter serve to initiate such action.

We are sending you, under separate cover, current site and building plans for your information and review.

Very truly yours,

SYMMES, MAINI & MCKEE ASSOCIATES, INC.

Sidney C. Graves

Sidney C. Graves
Project Manager

cc: Jason M. Magill - Union Mutual

RECEIVED
JUL 28 1982
DEPT. OF BLDG. INSP.
CITY OF PORTLAND

Richard L. Jacobs

99 Silver St.
~~PO Box 52 143 Middle Street~~
Portland, Maine 04112
207-572-6339 772-1265
773-5100

Symmes
Maini &
McKee
Associates, Inc.

ARCHITECTS • ENGINEERS • PLANNERS

Phase II

1050 MASSACHUSETTS AVENUE
CAMBRIDGE, MASSACHUSETTS 02138
(617) 547-5400

November 8, 1982

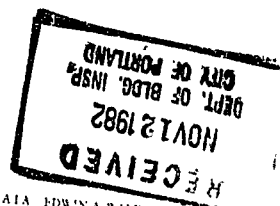
Mr. P. Samuel Hoffses
Chief of Inspection Services
Department of Planning and Urban Renewal
City of Portland
389 Congress Street
Portland, Maine 04101

RE: UNION MUTUAL LIFE INSURANCE CO. SMM #81079
New Office Building, 2211 Congress St., Portland

Dear Mr. Hoffses:

We are writing to summarize our present understanding of the items of your letter to us, dated October 13, 1982. Our understanding has been reached through meetings with you on October 27, attended by ourselves and David Bisson of Union Mutual, and then on November 3, attended by ourselves, Lt. Collins and Cynthia McMullin of Union Mutual.

- Item 1: Area calculations are acceptable.
- Item 2: Drawings are appropriately stamped.
- Item 3: A code variance on the stairs has been granted.
- Item 4: Because openings in the wall between the kitchen and Servery are completely filled by kitchen equipment items, the rating of the wall does not represent a problem.
- Item 5: By change order, vestibules with doors at each end have been provided between the kitchen and associated toilet rooms.
- Item 6: Fireproofing shall be provided for those specific structural members identified to require protection within the context of the 2B construction classification.



PRINCIPALS PARKER SYMMES P1 WILLIAM I MAINI P1 JON WALKER A1A RICHARD I MULLIN A1A EDWIN A WALKER P1 FLOYD I THOMPSON
SENIOR ASSOCIATES HANS BIER P1 REYNOLD C BOSELLI S1 ANDREW CURRIE P1 MARIO J LOAG S0 P1 THOMAS E VOGEL A1A
ASSOCIATES WILLIAM I CORMAY P1 JOHN I CARMODY I THEODORE A CONA JAMES V POLANCO MICHAEL K POWERS P1
STRUCTURAL CONSULTANT PROF RICHARD SAVAGE P1

Mr. Hoffses
November 8, 1982
Page 2

Item 7: A standpipe system is not required; a sprinkler system is to be provided and shall meet the requirements of NFPA 13.

Item 8: The basic construction of all stairs shall be of steel and concrete. Risers shall be 7½" and treads 10". Wood handrail and detailing at Stair No. 1 is acceptable.

Item 9: Following a more thorough review of the intended use of, and egress routes from, the Ground Floor Office area, the City of Portland will not require an additional exit at the northeast corner of the building.

We very much appreciate your time and cooperation in helping us to resolve these matters. If you identify further questions or concerns, please do not hesitate to contact me.

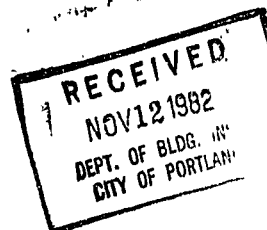
Very truly yours,

SYMMES, MAINI & MCKEE ASSOCIATES, INC.

Sidney C. Graves

Sidney C. Graves
Project Manager

cc: Mr. Jason M. Magill - Union Mutual Life Insurance Co.
Mr. Stanford E. Clock - Davison Construction Co. Inc.



Phase II



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING
AND URBAN DEVELOPMENT

October 13, 1982

See Letter Reply
DATED NOV, 8th from

Symmes Maini & Mokee Associates Inc.
1050 Massachusetts Avenue
Cambridge, Massachusetts 02138

Dear Sir;

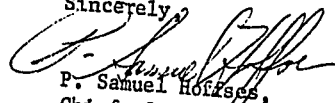
As per our conversation of October 8, 1982 in reference to Union Mutual Office Building, Portland, Maine these are the requirements as per our review of your plans.

1. Your calculation on maximum allowable area has a slight error due to the fact that about 1/3 of the building is only 2 stories high, I can accept your calculation.
2. All structural plans must bear a State of Maine Professional Engineer Seal. *ok*
3. Your plans shows a stair tread of 10 inches BOCA requires 11' min., tread max 7" riser, min. of 4" riser. *waiver granted (see 11-2-82 letter & attached waiver)*
4. Kitchens and service pantries shall be separately enclosed and segregated with not less than three quarter (3/4) hour fire resistance rated construction, except that openings protectives are not required to be of said construction. No kitchen or service pantry shall serve as a component or element of a required exist way. *ok*
No longer in effect
5. Vestibules, bath and toilet rooms shall be separated from food service and public drinking and dining areas by vestibules with doors at each end. *ok*
6. Protection of structural members: Columns, girders, trusses, beams, lintels, or other structural members that are required to have a fire-resistance rating and that support more than two floors or one floor and roof, or support a bearing wall or a nonbearing wall more than two stories high, shall be individually protected on all sides for their length or height with materials having the required fire-resistance rating. *ok*
7. Standpipes systems will meet NFPA 14 requirements. *stand pipe not req'd; but A sprinkler system is*
8. All stairs must meet the requirements of "class A" stairs. *steel & concrete*
9. An additional exit must be provided for the basement office space to eliminate the dead end which now is in access of 75' feet. *No longer required per 11-8-82 letter*

Page 2
October 13, 1992

If you have any question regarding these requirements feel free to call my office.

Sincerely,



P. Samuel Hoffrage,
Chief of Inspection Services

PSH/ln

E. S. BOULOS CO.
DIVISION OF FISCHBACH & MOORE, INCORPORATED

Electrical Contractors

40 CIRCUS TIME ROAD
SOUTH PORTLAND, MAINE 04106
TELEPHONE: 772-3706

Sept. 13, 1982

Davison Construction Company, Inc.
1306-A Elm Street
Manchester, New Hampshire 03103

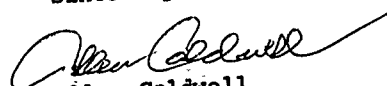
Subject: Unionmutual
Data Processing Center
Portland, Maine
Emergency Power

Gentlemen:

With reference to the subject project and the Onan Automatic Transfer Switch and related owner furnished emergency generator.

We hereby certify that tests have been conducted on the Automatic Transfer Switch and advise that emergency power is available under the following conditions. Undervoltage sensors monitor all phases, should the voltage of the normal source drop below 85 percent on any phase, after a three second time delay the transfer switch transfers to the emergency source as soon as the voltage and frequency reaches 95 percent of the Emergency Generator's normal power.

Sincerely,


Allen Caldwell

AC/eh
c.c. David Bisson - Unionmutual

C
O
P
Y



Simplex Time Recorder Co.
Simplex Plaza
Gardner, Massachusetts 01441 USA
Telephone: 617-632-2500
Cable Address: SIMRECO

reply to:
Simplex Time Recorder Co.
100 Warren Ave.
P.O. Box 3573
Portland, Maine 04104
Telephone: (207) 797-9226

E.S. Boulos Co.
Attn: Tom Driscoll
40 Circus Time Road
So. Portland, Maine 04106

September 3, 1982

RE: Union Mutual Data Processing Center Fire Alarm System ONLY

Dear Tom:

This letter is to confirm that the Fire Alarm Systems at the Union Mutual Data Processing Center computer rooms have been installed in compliance with the plans and specifications and have been thoroughly tested for the proper operation of the Fire Alarm System alarm initiation sequence and alarm sounding functions. The respective systems initiate the proper signals to activate the preaction sprinkler system and the Halon extinguishment system. Certification for the operation of this preaction sprinkler system and the Halon suppressant system will be the responsibility of the respective suppliers. *both coming*

The data process building Fire Alarm System has been installed and tested in compliance with the plans and specifications and has also been wired as per the recommendations of Simplex. Any additions or alterations to the peripheral devices of the referenced Fire Alarm Systems, if installed as per the recommendations of Simplex Time Recorder Company, will not alter or effect the operating integrity of the respective systems.

The test and inspection of the referenced systems has been performed by a certified Simplex technician and this letter is a confirmation of his observation of the proper test and operation.

Very truly yours,
James P. Kiley
James P. Kiley
Regional Sales Manager

received 9-3-82

JPK/jo



"Automatic" Sprinkler
CORPORATION OF AMERICA

REPLY TO:

POST OFFICE BOX 2311
78 PLEASANT AVENUE
SOUTH PORTLAND, MAINE 04106
Telephone: 207-767-2166

September 7, 1982

Davison Construction Co.
1306-A Elm Street,
Manchester, N. H. 03105

Attn: Gil Bineau

Subject: Union Mutual Fire Protection

Gentlemen:

Enclosed are Hydrostatic Test Papers for the areas sprinkled at Union Mutual.

1 - Deluge Valve for first floor Computer Room.

1 - Deluge Valve for second floor Computer Room.

1 - Alarm Valve for basement, first and second floor areas outside of
Computer Room.

September 3, 1982 each system was tested through electrical or manual detection.
Upon completion of detector testing each system was put in service with Central
Valve fully open.

If there are any more questions about system, please let me know.

Very truly yours,

"AUTOMATIC" SPRINKLER CORP. OF AMERICA

William W. Wales
William W. Wales
District Superintendent

WWW/la

Encl.

**CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
PART "A" GENERAL**

PROCEDURE
UPON COMPLETION OF WORK, INSPECTION AND TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHALL BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.
A CERTIFICATE SHALL BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING AUTHORITIES, OWNERS, AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: **UNION MUTUAL LIFE INSURANCE CO.** 2-1762 DATE: **7-8-82**
PROPERTY ADDRESS: **2271 CONGRESS ST., PORTLAND, MAINE**

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: **INSURANCE SERVICES OFFICE OF MAINE**
ADDRESS: **465 CONGRESS ST., PORTLAND, MAINE 04101**
INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS

PLANS YES NO
INSTRUCTIONS
HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF YES, GIVE NAME _____ IF NO, EXPLAIN _____ YES NO
HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? IF YES, GIVE NAME _____ IF NO, EXPLAIN _____ YES NO

TEST DESCRIPTION
FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm for 4-inch pipe and smaller, 750 gpm for 6-inch pipe, 1000 gpm for 8-inch pipe, 1500 gpm for 10-inch pipe, and 2000 gpm for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.
HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi for 2 hours or 50 psi at static pressure in excess of 150 psi. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All above-ground piping leakage shall be stopped.
LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.
New pipe laid with caulked lead or lead-substitute joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" shall be repaired. Leakage shall not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage shall be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.
PNEUMATIC: Establish 40 psi air pressure and measure drop which shall not exceed 1 1/2 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/2 psi in 24 hours.

LOCATION: FEEDS BLDGS. PART "B" - UNDERGROUND PIPING

UNDERGROUND PIPES AND JOINTS
PIPE TYPE AND CLASS _____ TYPE JOINT _____
CONFORMS TO _____ STANDARD _____ YES NO
IF NO, EXPLAIN _____
JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IF ACCORDANCE _____ YES NO
IF NO, EXPLAIN _____

TESTS REQUIRED
FLUSHING _____ HYDROSTATIC _____ LEAKAGE _____
NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD _____ YES
BY (COMPANY) _____

FLUSHING TESTS
HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER TANK OR RESERVOIR FIRE PUMP
THROUGH WHAT TYPE OPENING? _____ OPEN PIPE
LEAD-INS FLUSHED ACCORDING TO _____ STANDARD _____ YES
BY (COMPANY) _____
HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER TANK OR RESERVOIR FIRE PUMP
THROUGH WHAT TYPE OPENING? _____ OPEN PIPE
Y CONN. TO FLANGE & SPIGOT

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS	
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS.	ALLOWABLE LEAKAGE _____ GALS.
	NUMBER INSTALLED _____ GALS.	TYPE AND MAKE _____ HOURS
HYDRANTS	ALL OPERATE SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTROL VALVES	WATER CONTROL VALVES L / WIDE OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS	DATE LEFT IN SERVICE _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
PARTS A & B SIGNATURES	NAME OF SPRINKLER CONTRACTOR _____	FOR PROPERTY OWNER (SIGNED) _____ TITLE _____
	FOR SPRINKLER CONTRACTOR (SIGNED) _____	TESTS WITNESSED BY _____ TITLE _____ DATE _____
	TESTS WITNESSED BY _____	DATE _____
LOCATION	PART "C" - SPRINKLER & WATER-SPRAY-ABOVEGROUND PIPING (Fill out separate Part "C" for each riser) SERVES BLDGS. SYSTEM #2 - First Floor Computer Room	
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT 4 DRAIN TEST	
SPRINKLERS OR SPRAY NOZZLES	MAKE <u>STAR</u>	MODEL <u>P</u> SIZE <u>1/2</u> QUANTITY <u>82</u> TEMPERATURE RATING <u>286</u>
	PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO <u>NFPA</u> STANDARD
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE TYPE _____ MAKE _____ MODEL _____ MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN. SEC.	
DRY PIPE VALVES	OPERATING TEST RESULTS TIME TO TRIP THROUGH TEST PIPE WITHOUT O.O.D. WITH O.O.D. WATER PRESS. AIR PRESS. TRIP POINT AIR PRESS. TIME WATER REACHED TEST OUTLET ALARM OPERATED PROPERLY	
	MAKE _____ MODEL _____ SERIAL NO. _____	MIN. SEC. MIN. SEC. PSI PSI PSI MIN. SEC. YES NO
DELUGE & PREACTION VALVES	IF NO, EXPLAIN _____	
	OPERATION PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>	
	PIPING SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/> DETECTING MEDIA SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/> DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, EXPLAIN _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
TESTS	MAKE <u>RELIABLE</u> MODEL <u>B</u>	Does each circuit operate supervision loss alarm? YES NO YES NO Does each circuit operate valve release? YES NO Maximum time to operate release MIN. SEC.
	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATE PROPERLY IF NO, STATE REASON _____ FOR _____ HOURS YES <input type="checkbox"/> NO <input type="checkbox"/> Drain Test: Reading of gage located near water supply test pipe Static Pressure _____ Residual pressure with valve in test pipe open wide: _____ PSI	
BLANK TESTING GASKETS	NUMBER USED <u>NONE</u>	LOCATIONS _____ NUMBER REMOVED _____
WELDED OR BRAZED PIPING Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR WELDING OR BRAZING IN ACCORDANCE WITH THE REQUIREMENTS OF ASME BOILER AND PRESSURE VESSEL CODE, SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS - 1988 EDITION. YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN <u>Sept 3 1982</u>	
PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>"AUTOMATIC" SPRINKLER CORP. OF AMERICA</u>	FOR PROPERTY OWNER (SIGNED) _____ TITLE _____
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>Kenn Carson</u>	TESTS WITNESSED BY _____ TITLE _____ DATE _____
	TESTS WITNESSED BY <u>Christie P. Roalby</u>	TITLE <u>JM LICO REP</u> DATE <u>8-3-82</u>

EXTRA COPIES
FURNISHED BY
CCB

**CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
PART "A" GENERAL**

PROCEDURE UPON COMPLETION OF WORK, INSPECTION AND BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS FINALLY LEAVE THE JOB. A CERTIFICATE SHALL BE FILLED OUT AND AUTHORITIES, OWNERS, AND CONTRACTOR ANY CLAIM AGAINST CONTRACTOR FOR AUTHORITY'S REQUIREMENTS OR LOCAL C.R.B. RULES.		TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING	
PROPERTY NAME		UNION MUTUAL LIFE INSURANCE CO.	DATE
PROPERTY ADDRESS		2211 CONGRESS ST., PORTLAND, MAINE	7-8-62
PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES	INSURANCE SERVICES OFFICE OF MAINE	
	ADDRESS	465 CONGRESS ST., PORTLAND, MAINE 04101	
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF YES, GIVE NAME _____ IF NO, EXPLAIN _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? IF YES, GIVE NAME _____ IF NO, EXPLAIN _____	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
TEST DESCRIPTION	<p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in whirlpools at outlets such as hydrants and blow-offs. Flush at flows not less than 400 gpm for 4-inch pipe and smaller, 750 gpm for 6-inch pipe, 1000 gpm for 8-inch pipe, 1500 gpm for 10-inch pipe, and 2000 gpm for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi for 2 hours or 50 psi above static pressure in excess of 150 psi. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>New pipe laid with caulked lead or lead-substitute joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" shall be repaired. Leakage shall not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made.</p> <p>PNEUMATIC: Establish 40 psi air pressure and measure drop which shall not exceed 1 1/2 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/2 psi in 24 hours.</p>		
PART "B" - UNDERGROUND PIPING			
LOCATION	FEEDS BLDGS.		
UNDERGROUND PIPES AND JOINTS	PIPE TYPE AND CLASS	TYPE JOINT	
	CONFORMS TO _____ STANDARD IF NO, EXPLAIN _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
TESTS REQUIRED	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	TESTS REQUIRED	FLUSHING	HYDROSTATIC
FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY) _____	YES <input type="checkbox"/>	LEAKAGE
	HOW WAS FLUSHING FLOW OBTAINED?	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING?	FIRE PUMP <input type="checkbox"/>	
	LEADERS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY) _____	YES <input type="checkbox"/>	OPEN PIPE <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED?	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING?	FIRE PUMP <input type="checkbox"/>	

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS											
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. FOR _____ HOURS											
	ALLOWABLE LEAKAGE _____ GALS. _____ HOURS											
HYDRANTS	NUMBER INSTALLED _____ GALS. TYPE AND MAKE _____ HOURS											
	ALL OPERATE SATISFACTORILY <input type="checkbox"/>											
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON YES <input type="checkbox"/> NO <input type="checkbox"/>											
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM? YES <input type="checkbox"/> NO <input type="checkbox"/>											
REMARKS	DATE LEFT IN SERVICE YES <input type="checkbox"/> NO <input type="checkbox"/>											
PARTS A & B SIGNATURES	NAME OF SPRINKLER CONTRACTOR _____ FOR PROPERTY OWNER (SIGNED) _____ TITLE _____											
	FOR SPRINKLER CONTRACTOR (SIGNED) _____											
	TESTS WITNESSED BY _____ TITLE _____ DATE _____	DATE _____										
PART "C" - SPRINKLER & WATER SPRAY ABOVEGROUND PIPING (Fill out separate Part "C" for each riser)												
LOCATION	SERVES BLDGS. SYSTEM #1 Basement, first floor, second floor - Wet System											
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT 4 DRAIN TEST											
SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING							
	STAR AUTOMATIC	P	1/2 3/4	160 53	165 280							
PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO <u>NFPA</u> STANDARD											
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE								
	TYPE	MAKE	MODEL	MIN.	SEC.							
DRY PIPE VALVES	MAKE	MODEL	SERIAL NO.	OPERATING TEST RESULTS				WATER PRESS. PSI	AIR PRESS. PSI	TRIP POINT AIR PRESS. PSI	TIME WATER REACHED TEST OUTLET MIN. SEC.	ALARM OPERATED PROPERLY YES NO
				TIME TO TRIP THROUGH TEST PIPE								
				WITHOUT Q.O.D. MIN. SEC.		WITH Q.O.D. MIN. SEC.						
DELUGE & PREACTION VALVES	IF NO, EXPLAIN OPERATION PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>											
	PIPING SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/> DETECTING MEDIA SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>											
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>											
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/>											
	MAKE	MODEL	Does each circuit operate supervision loss alarm? YES NO		Does each circuit operate valve release? YES NO		Maximum time to operate release MIN. SEC.					
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HOURS											
	DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATE PROPERLY IF NO, STATE REASON YES <input type="checkbox"/> NO <input type="checkbox"/>											
BLANK TESTING GASKETS	Drain Test: Reading of gage located near water supply test pipe Static Pressure _____ Residual pressure with valve in test pipe open wide _____ PSI											
	NUMBER USED	LOCATIONS									NUMBER REMOVED	
WELDED OR BRAZED PIPING	IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR WELDING OR BRAZING IN ACCORDANCE WITH THE REQUIREMENTS OF ASME BOILER AND PRESSURE VESSEL CODE, SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS - 1968 EDITION. YES <input type="checkbox"/> NO <input type="checkbox"/>											
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN											
PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR "AUTOMATIC" SPRINKLER CORP. OF AMERICA FOR PROPERTY OWNER (SIGNED) _____ TITLE _____											
	FOR SPRINKLER CONTRACTOR (SIGNED) _____											
	TESTS WITNESSED BY <u>W. Boatman</u> TITLE _____ DATE <u>7/23/82</u>											

CONTRACTOR'S MATERIAL & TEST CERTIFICATE
 SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS
 PART "A" GENERAL

PROCEDURE
 UPON COMPLETION OF WORK, INSPECTION AND TESTS SHALL BE MADE BY THE CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHALL BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.
 A CERTIFICATE SHALL BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHALL BE PREPARED FOR APPROVING AUTHORITIES, OWNERS, AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP, OR FAILURE TO COMPLY WITH APPROVING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: UNION MUTUAL LIFE INSURANCE CO. 2-1762 DATE: 7-9-82

PROPERTY ADDRESS: 2211 CONGRESS ST., PORTLAND, MAINE

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: INSURANCE SERVICES OFFICE OF MAINE

ADDRESS: 465 CONGRESS ST., PORTLAND, MAINE 04101

PLANS: INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS YES NO

INSTRUCTIONS: HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF YES, GIVE NAME: _____ IF NO, EXPLAIN: _____ YES NO

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES? IF YES, GIVE NAME: _____ IF NO, EXPLAIN: _____ YES NO

TEST DESCRIPTION: FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-off. Flush at flows not less than 400 gpm for 4-inch pipe and smaller, 750 gpm for 6-inch pipe, 1000 gpm for 8-inch pipe, 1500 gpm for 10-inch pipe, and 2000 gpm for 12-inch pipe. When supply cannot produce stimulated flow rates, obtain maximum available. HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi for 2 hours or 50 psi above static pressure in excess of 150 psi. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped. LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" shall be repaired. Leakage shall not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage shall be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. PNEUMATIC: Establish 40 psi air pressure and measure drop which shall not exceed 1 1/4 psi in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which shall not exceed 1 1/4 psi in 24 hours.

LOCATION: FEEDS BLDGS. PART "B" - UNDERGROUND PIPING

UNDERGROUND PIPES AND JOINTS: PIPE TYPE AND CLASS: _____ TYPE JOINT: _____ CONFORMS TO IF NO, EXPLAIN: _____ STANDARD YES NO

JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH IF NO, EXPLAIN: _____ STANDARD YES NO

TESTS REQUIRED: FLUSHING HYDROSTATIC LEAKAGE

FLUSHING TESTS: NEW UNDERGROUND PIPING FLUSHED ACCORDING TO BY (COMPANY): _____ STANDARD YES

HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER TANK OR RESERVOIR FIRE PUMP

THROUGH WHAT TYPE OPENING? _____

LEADINGS FLUSHED ACCORDING TO BY (COMPANY): _____ HYD. BUTT. OPEN PIPE

HOW WAS FLUSHING FLOW OBTAINED? PUBLIC WATER TANK OR RESERVOIR FIRE PUMP

THROUGH WHAT TYPE OPENING? _____

Y CCNN. TO FLANGE & SPIGOT OPEN PIPE

HYDROSTATIC TEST		TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALLONS		FOR _____ FEET OF PIPING	
LEAKAGE TEST		ALLOWABLE LEAKAGE _____ GALLONS		FOR _____ HOURS	
HYDRANTS		NUMBER INSTALLED _____		HOURS _____	
		ALL OPERATE SATISFACTORILY _____		TESTED BY _____	
CONTROL VALVES		WATER CONTROL VALVES LEFT W/OUT IF NO, STATE REASON _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		HOSE THREADED OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT AIRSHERING ALARM? _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
REMARKS		DATE LEFT IN SERVICE _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
PARTS A & B SIGNATURES		NAME OF SPRINKLER CONTRACTOR _____		FOR PROPERTY OWNER (SIGNED) _____ TITLE _____	
		FOR SPRINKLER CONTRACTOR (SIGNED) _____		TESTS WITNESSED BY _____ DATE _____	
		TESTS WITNESSED BY _____ TITLE _____		DATE _____	
PART "C" - SPRINKLER & WATER SPRAY ABOVEGROUND PIPING (Fill out separate Part "C" for each riser)					
LOCATION		SERVES BLDGS. _____			
		SYSTEM #3 - Second Floor Computer Room			
TESTS REQUIRED		1 HYDROSTATIC TEST OF ALL PIPING		3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT	
		2 PNEUMATIC TEST OF ALL DRY PIPING		4 DRAIN TEST	
SPRINKLERS OR SPRAY NOZZLES		MAKE _____		MODEL _____	
		SIZE _____		QUANTITY _____	
		TEMPERATURE RATING _____			
PIPE AND FITTINGS		MATERIAL AND KIND CONFORMS TO _____ STANDARD			
		IF NONE, EXPLAIN _____			
ALARM VALVE OR FLOW INDICATOR		ALARM DEVICE		MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
		TYPE _____		MIN. _____ SEC. _____	
DRY PIPE VALVES		MAKE _____		MODEL _____	
		SERIAL NO. _____		OPERATING TEST RESULTS	
		TIME TO TRIP THROUGH TEST PIPE		WATER PRESS. _____	
		WITHOUT Q.O.D. _____		AIR PRESS. _____	
		WITH Q.O.D. _____		TRIP POINT AIR PRESS. _____	
		MIN. _____ SEC. _____		TIME WATER REACHED TEST OUTLET _____	
				ALARM OPERATED PROPERLY _____	
				MIN. _____ SEC. _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
		IF NO, EXPLAIN _____			
DELUGE & PREACTION VALVES		OPERATION _____		PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>	
		PIPING SUPERVISED _____		DETECTING MEDIA SUPERVISED _____	
		DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		IF NO, EXPLAIN _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		MAKE _____		MODEL _____	
		Does each circuit operate supervision loss alarm? _____		Does each circuit operate valve release? _____	
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Maximum time to operate release _____		MIN. _____ SEC. _____	
		RELIABLE B			
TESTS		ALL PIPING HYDROSTATICALLY TESTED AT _____ PSI			
		DRY PIPING PNEUMATICALLY TESTED _____			
		EQUIPMENT OPERATE PROPERLY _____			
		IF NO, STATE REASON _____			
		FOR _____ HOURS		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
FLANK TESTING GASKETS		NUMBER USED _____		LOCATIONS _____	
		Residual pressure with valve in test pipe open wide, _____ psi		NUMBER REMOVED _____	
WELDED OR BRAZED PIPING		IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS 1968 EDITION. _____			
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
REMARKS		DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN _____			
PART "C" SIGNATURES		NAME OF SPRINKLER CONTRACTOR _____		FOR PROPERTY OWNER (SIGNED) _____ TITLE _____	
		"AUTOMATIC" SPRINKLER CORP. OF AMERICA		TESTS WITNESSED BY _____ DATE _____	
		FOR SPRINKLER CONTRACTOR (SIGNED) _____		TESTS WITNESSED BY _____ TITLE _____	
		TESTS WITNESSED BY _____		DATE _____	
		_____		_____	

8-25-83

Book Knowledge 263
Wanamaker 267

Union Mutual LANDSCAPING
PLANS

Goodall

TREE & LANDSCAPING CO.

Total 12,056. Oct

Living Grounds Need Regular Care

25 GRAY ROAD

PORTLAND, MAINE 04105

797-2800

August 4, 1983

Mr. Dave Draper
Union Mutual Life Insurance Company
P. O. Box 9548
Portland, Maine 04112

Dear Dave:

Enclosed you will find quite a few sketches in reference to the Data Building. I have broken these down into certain sections, so that you may pick and choose. The first drawing is drawing A, which consists of 3 Royalty crabs, being 2 $\frac{1}{2}$ / $\frac{3}{4}$ " in caliper, 5 rhododendrons, 2/2 $\frac{1}{2}$ ', and 28 potentilla, 18/24". The cost of establishing this area according to plan, with sufficient loam, peat moss, bark, and stakes will be \$1,338.00.

Drawing B consists of 2 crabs, 2 $\frac{1}{2}$ / $\frac{3}{4}$ " caliper, 20 potentilla, 18/24", and 15 Sargent juniper. These planted, along with sufficient materials according to diagram is \$1,098.00.

Drawing C consisting of one Norway spruce, 12/14' in height, 2 Marshall seedless ash, 4/4 $\frac{1}{2}$ " caliper, and 50 rugosa rose, 18/24", planted according to diagram, price would be \$1,945.00.

Drawing D consists of 3 Marshall seedless ash, 4/4 $\frac{1}{2}$ " caliper. Total cost of this planting - \$1,650.00. The cost of these Marshall seedless ash per unit installed is \$550.00 each, so that if you would like to delete or include more within this planting, this is the figure per plant.

Drawing E consists of 4 Marshall seedless ash, 4/4 $\frac{1}{2}$ " caliper, 45 spreading yews, 2 $\frac{1}{2}$ / $\frac{3}{4}$ ', along with sufficient loam, bark, and peat moss. Cost of this planting - \$4,260.00.

Drawing F consists of 5 Royalty crabs, 2 $\frac{1}{2}$ / $\frac{3}{4}$ " caliper, 3 white spruce, 5/6' in height, one Marshall seedless ash, 4/4 $\frac{1}{2}$ " in caliper. Cost of this planting - \$1,765.00.

This concludes the planting around this new building. When questions arise, please feel free to call, as we can get together and go over this material. Thank you very much.

Yours truly,

Glenn Anderson
Glenn Anderson, Representative

SHADE TREE CARE

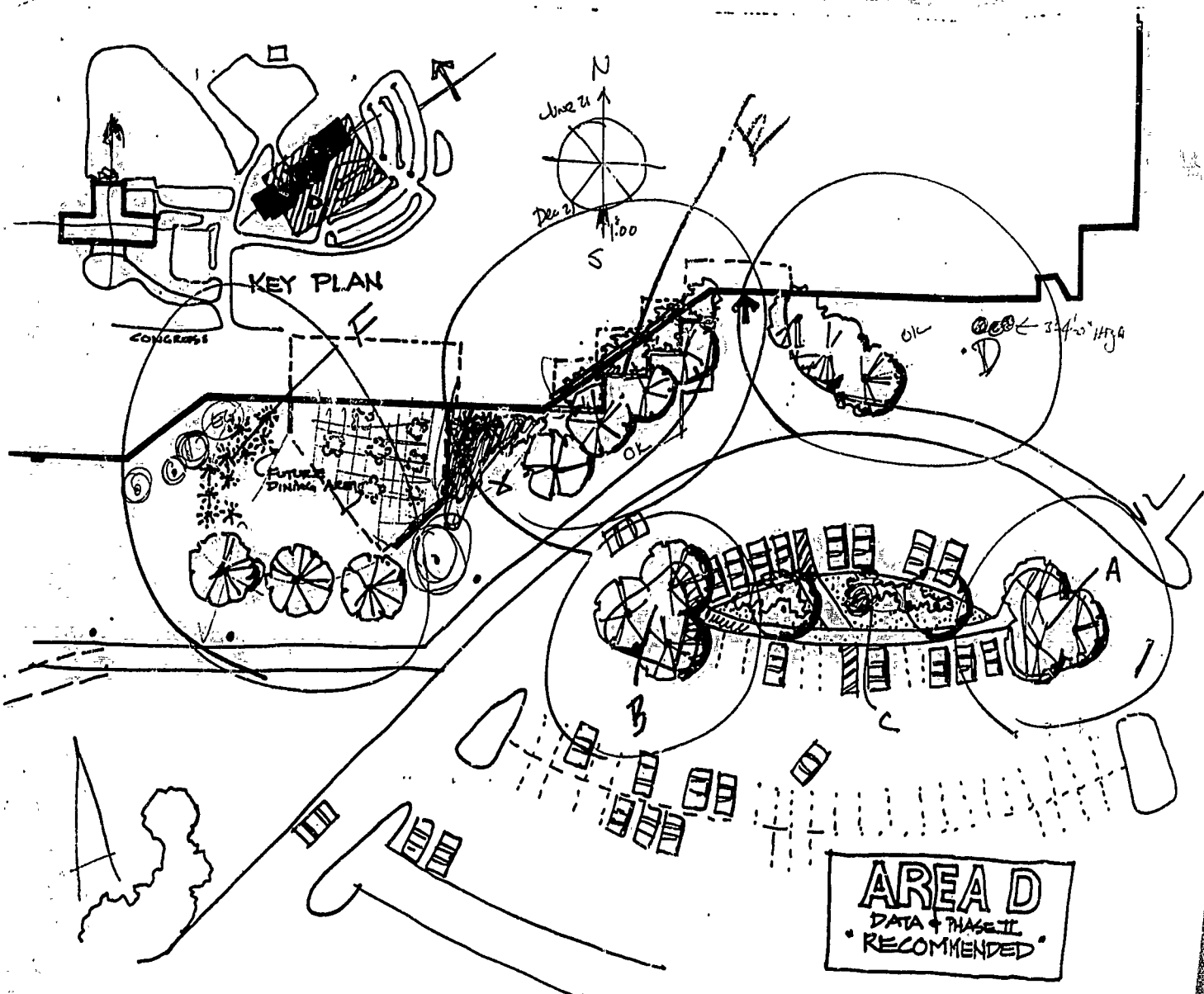
PRUNING
REMOVAL
INSECT & DISEASE CONTROL
FERTILIZATION

LANDSCAPING

DESIGN
INSTALLATION
MAINTENANCE
LAWN CARE

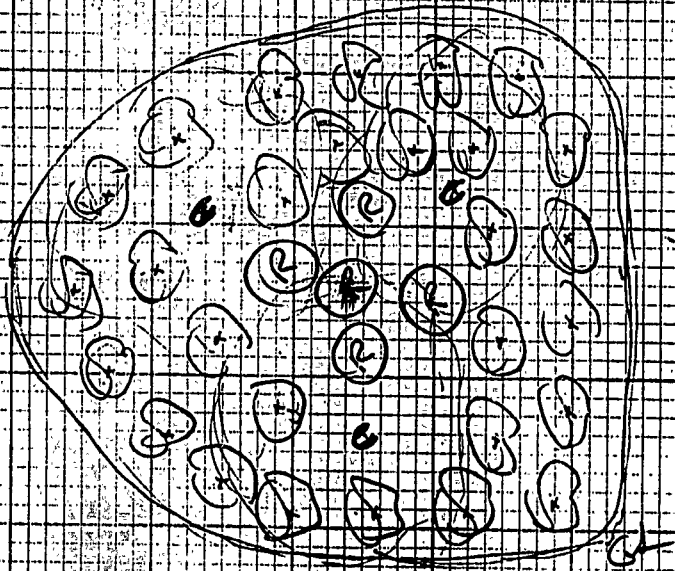
NURSERY

TREES, SHRUBS,
& EVERGREENS
FERTILIZERS
INSECTICIDES



AREA D
DATA + PHASE II
RECOMMENDED

DRAWING A



C = Purpley Crab $2\frac{1}{2}/3$ " cal.

R = Rhododrom $2\frac{1}{2}/2$ "

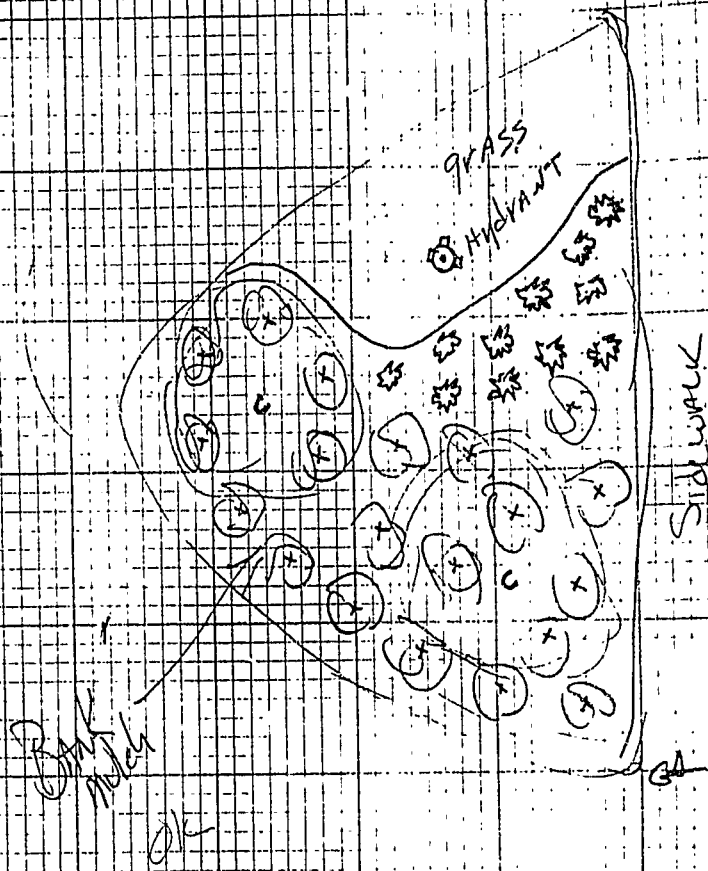
X = POTTENTILLA $8/12$ "

DRAWING B

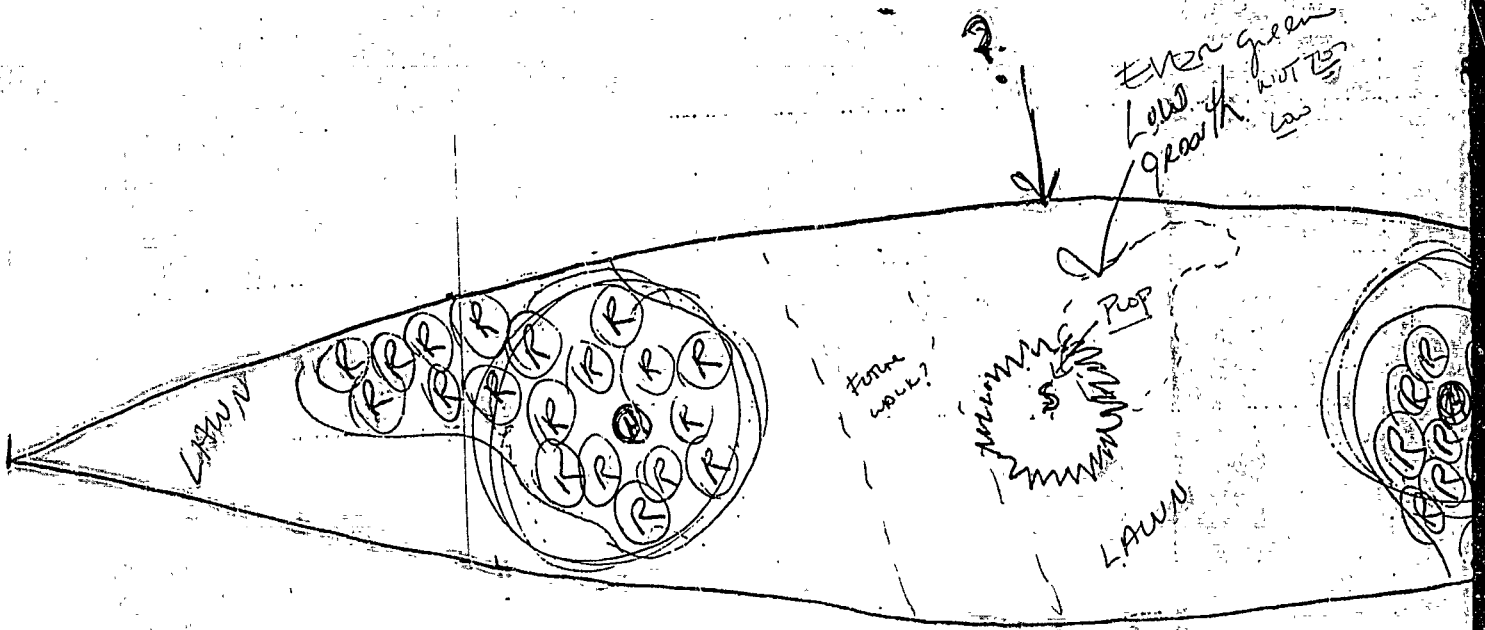
C Royalty Crab 2 1/2 / 3"

X POTENTILLA 18 / 24"

SP Sargent Junco 15 / 18"



Drawing C

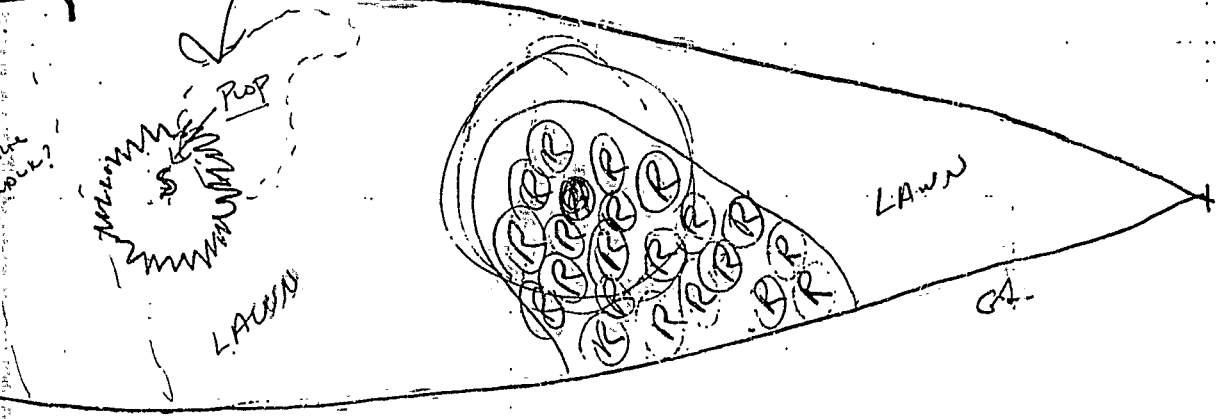


~~Pin Oak~~ / ~~Pin Oak~~ (big)
 → No fall color
 ALtern. type?

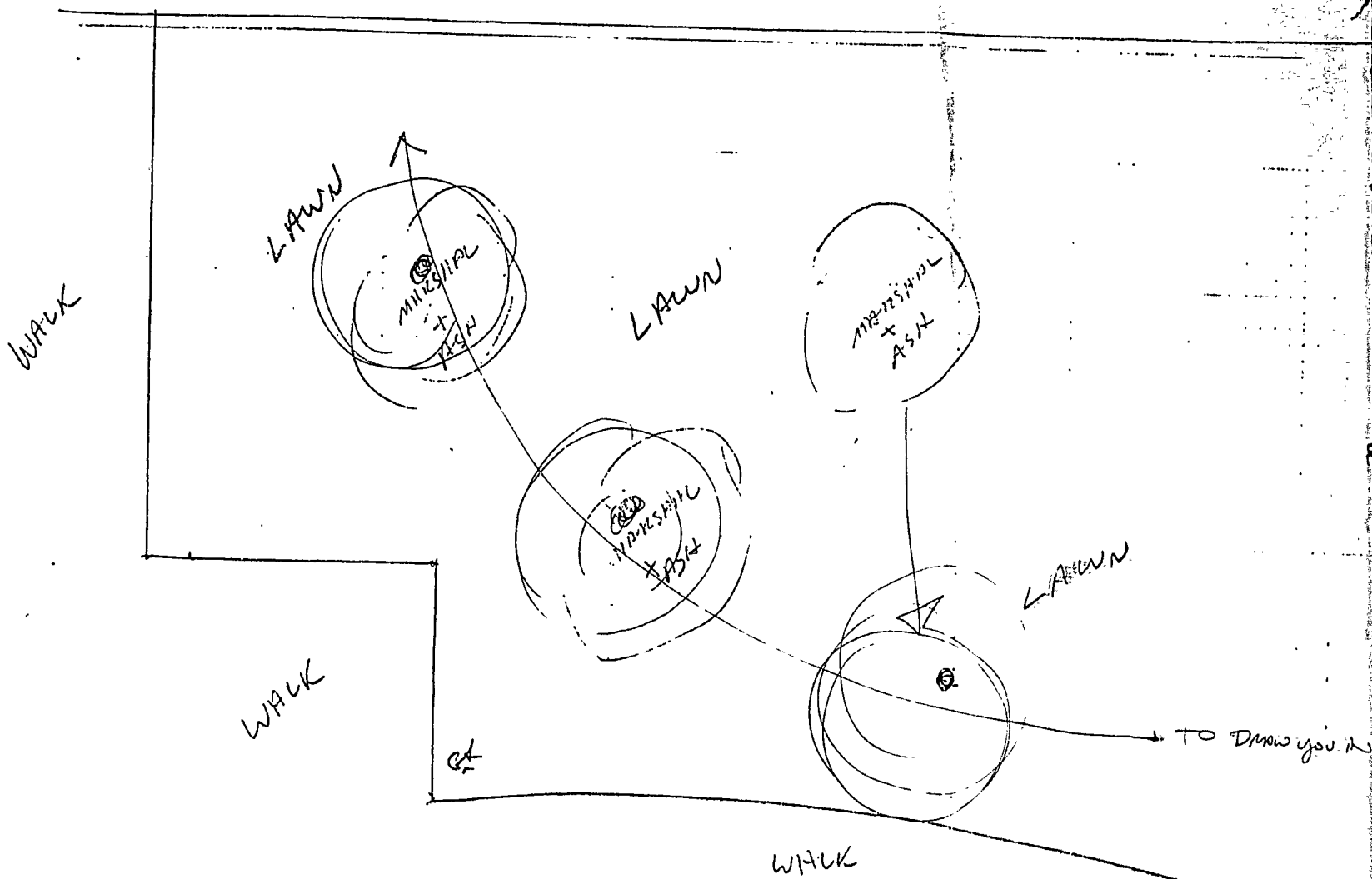
A MARSHALL ASH 4 1/2" cal

S SPRUCE 12 1/4"
 R ROYAL PIN 12 1/2"

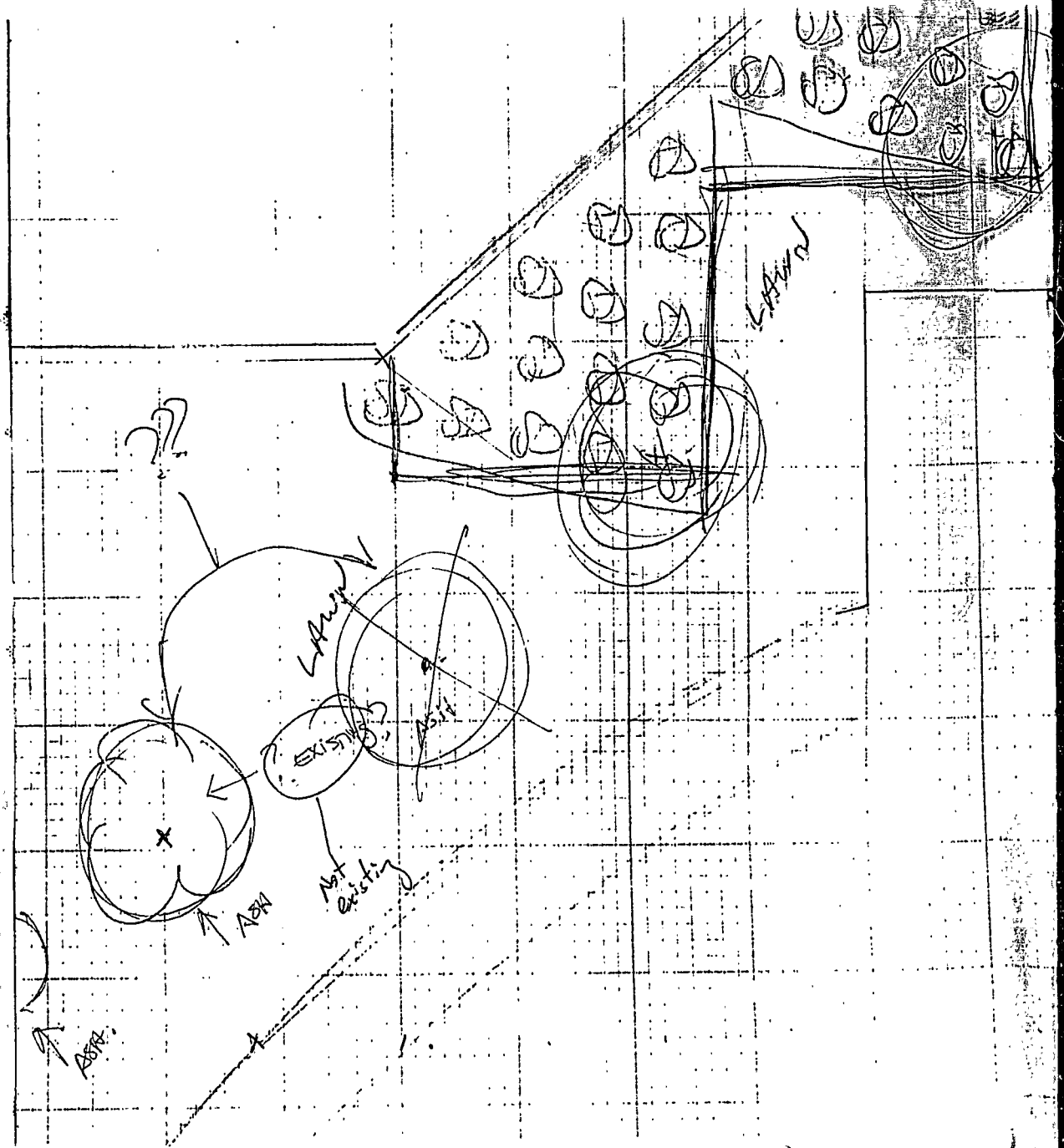
?
 Evergreen
 Low growth
 growth

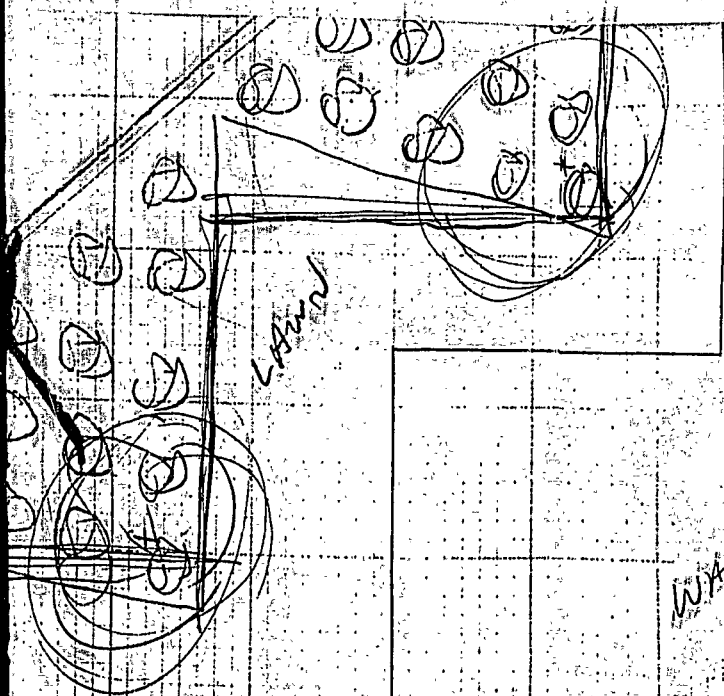
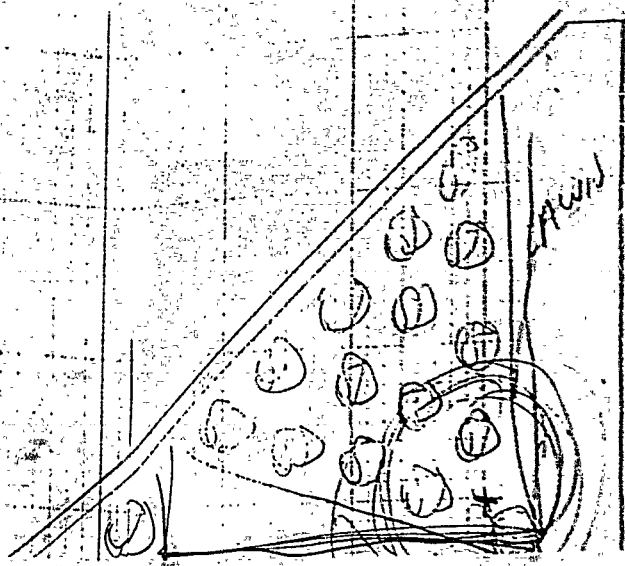


DRAWING D



Drawing E





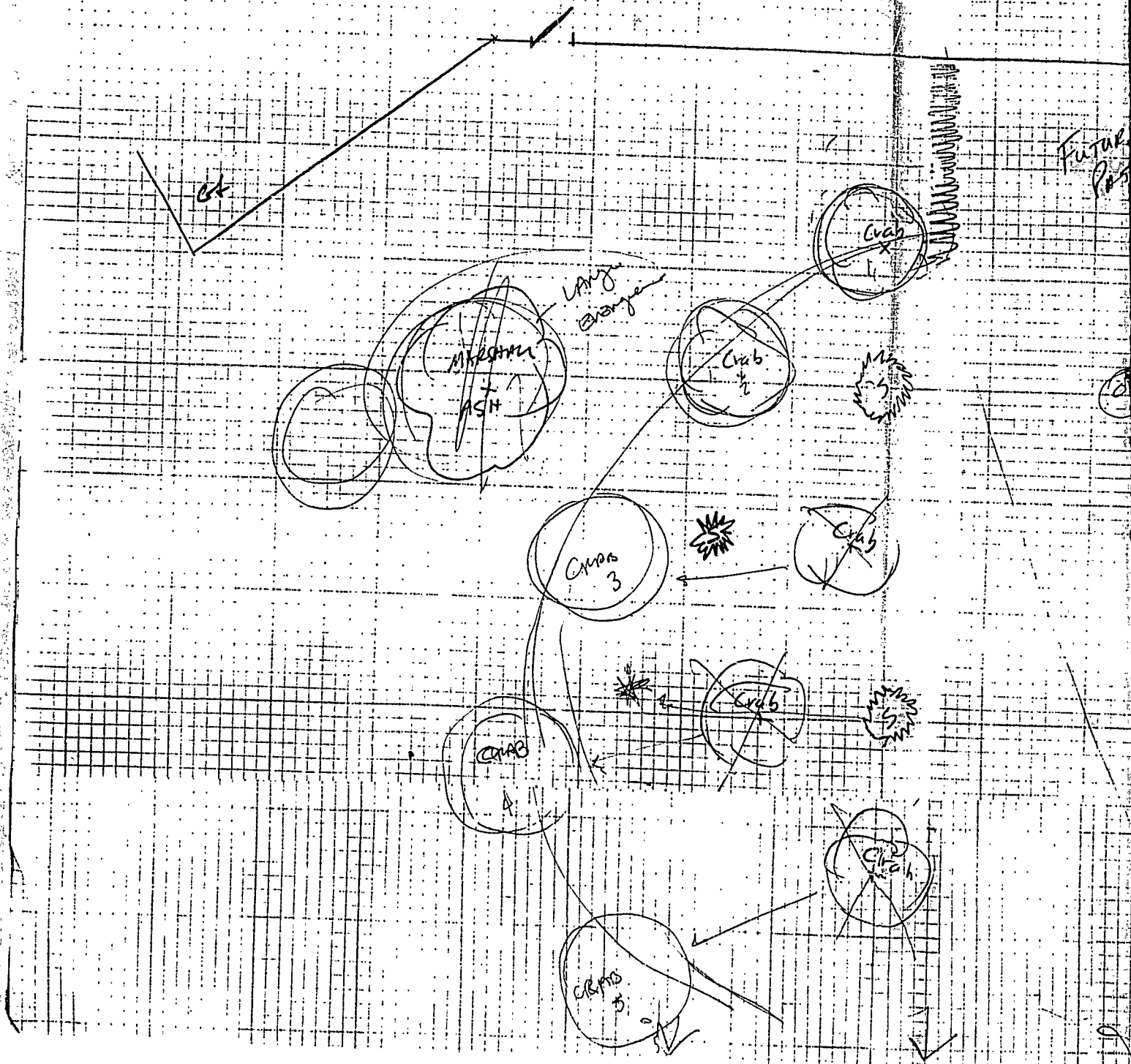
PLANT KEY

- X MARSHALL Root 4/42' cal
 - Spreading Year 2-3'
- cl

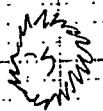
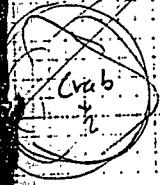
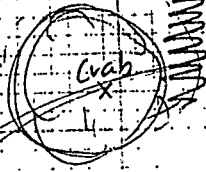
Water

X

DRAWING F



FUTURE
PASTO



(DYE)

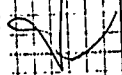
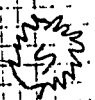
S - C =

Royalty Crab 2 1/2 - 3" cal

MARSHALL A914 4 1/4" cal

S = White Spruce 5/6"

10" 4/10" - BRONZE
TO SCREW CAPS



B

PERMIT 1521

APPLICATION FOR PERMIT

OCT 20 1986

B.O.C.A. USE GROUP

001514

City Of Portland

B.O.C.A. TYPE OF CONSTRUCTION

Sept. 24, 1986

ZONING LOCATION

PORTLAND, MAINE

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ... 2211 Congress St. ... Fire District #1 , #2
 Telephone 780-2401
 1. Owner's name and address ... Union Mutual Ins. Co. - same ... Telephone ...
 2. Lessee's name and address ... Coyre Sign Co. - 84 Cove St. ... Telephone 772-4144
 3. Contractor's name and address ... No. of sheets ...
 Proposed use of building ... Insurance Co. ... No. families ...
 Last use ... same ... No. families ...
 Material ... No. stories ... Heat ... Style of roof ... Roofing ...
 Other buildings on same lot ...
 Estimated contractual cost \$...
 FIELD INSPECTOR--Mr. ... @ 775-5451
 Appeal Fees \$...
 Base Fee ... 265.40 ...
 Late Fee ...
 TOTAL \$...

~~Sign changing~~
Removal of existing signs and installation of new signs
entrance sign, 4 x 8 ~~illuminated~~
4 x 3 right turn sign, ~~box~~ turnpike sign 6 x 20
single faced, ~~set of 2~~
service building sign - 3 x 6 non illuminated

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... Is any electrical work involved in this work? ...
 Is connection to be made to public sewer? ... If not, what is proposed for sewage? ...
 Has septic tank notice been sent? ... Form notice sent? ...
 Height average grade to top of plate ... Height average grade to highest point of roof ...
 Size, front ... depth ... No. stories ... solid or filled land? ... earth or rock? ...
 Material of foundation ... Thickness, top ... bottom ... cellar ...
 Kind of roof ... Rise per foot ... Roof covering ...
 No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...
 Framing Lumber--Kind ... Dressed or full size? ... Corner posts ... Sills ...
 Size Girder ... Columns under girders ... Size ... Max. on centers ...
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor ... 2nd ... 3rd ... roof ...
 On centers: 1st floor ... 2nd ... 3rd ... roof ...
 Maximum span: 1st floor ... 2nd ... 3rd ... roof ... height? ...
 If one story building with masonry walls, thickness of walls? ...

IF A GARAGE

No. cars now accommodated on same lot ... to be accommodated ... number commercial cars to be accommodated ...
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ...

MISCELLANEOUS

APPROVALS BY: DATE
 BUILDING INSPECTION--PLAN EXAMINER Will work require disturbing of any tree on a public street? ...
 ZONING: Will there be in charge of the above work a person competent
 BUILDING CODE: to see that the State and City requirements pertaining thereto
 Fire Dept.: are observed? ...
 Health Dept.:
 Others:

Signature of Applicant

Edward Blumenthal for

Type Name of above Coyre Sign Co.

Phone #

same

1 2 3 4

Other and Address

2

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 6/28/90, 19__
 Receipt and Permit number 01413

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 2211 Congress St (UNUM INS. CO. day care facility)
 OWNER'S NAME: Unum Co. ADDRESS: same PART Bldg on 2nd

OUTLETS: Receptacles 10 Switches 5 Plugmold _____ ft. TOTAL 15 3.00

FIXTURES: (number of) Incandescent 3 Fluorescent 3 (not strip) TOTAL 6 3.00
 Strip Fluorescent _____ ft.

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP' or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial x _____ 5.00
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: XXXXXX

INSPECTION: Will be ready on 7/6/-, 19__; or Will Call _____ 11.00

CONTRACTOR'S NAME: Arthur Osgood
 ADDRESS: UNUM

TEL.: 770-6298
 MASTER LICENSE NO.: #03664
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR: Arthur Osgood

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN